

**EXHIBIT "1"**

a Control number 000069 4FZ	Void <input type="checkbox"/>	OMB No. 1545-0008 4FZ	300	000069
b Employer identification number 11-3484710	1 Wages, tips, other compensation 92820.21		2 Federal income tax withheld 19441.35	
c Employer's name, address, and ZIP code MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101	3 Social security wages 87900.00		4 Social security tax withheld 5449.80	
	5 Medicare wages and tips 94190.18		6 Medicare tax withheld 1365.76	
	7 Social security tips		8 Allocated tips	
d Employee's social security number 153-64-3181	9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial TODD MICHAEL 400 E 55TH ST #7G NEW YORK NY 10022	Last name KORTE	11 Nonqualified plans		12a See instructions for box 12 D 1369.97
		13 Statutory employee plan	retirement plan	Third-party sick pay
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		14 Other		12b C D E F G H I J K L M N O P Q R S T U V W X Y Z
		31.20 NY SDI		12c C D E F G H I J K L M N O P Q R S T U V W X Y Z
f Employee's address and ZIP code 15 State NY Employer's state ID number 11-3484710	16 State wages, tips, etc. 92820.21	17 State income tax 5449.54	18 Local wages, tips, etc. 92820.21	19 Local income tax 3210.93 20 Locality name NYC RES

2004

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Form W-2 Wage and Tax  
Statement  
Copy D—For Employer.

a Control number <b>000069</b>	Void <input type="checkbox"/>	OMB No. 1645-0008-4FZ		300	000069
b Employer identification number (EIN) <b>11-3484710</b>		1 Wages, tips, other compensation <b>127068.84</b>	2 Federal income tax withheld <b>29896.21</b>		
c Employer's name, address, and ZIP code <b>MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101</b>		3 Social security wages <b>90000.00</b>	4 Social security tax withheld <b>5580.00</b>		
		5 Medicare wages and tips <b>127068.84</b>	6 Medicare tax withheld <b>1842.50</b>		
		7 Social security tips	8 Allocated tips		
d Employee's social security number <b>153-64-3181</b>		9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial <b>TODD MICHAEL</b>		Last name <b>KORTE</b>	11 Nonqualified plans	12a See instructions for box 12 <b>cces</b>	
400 E 55TH ST #7G NEW YORK NY 10022			13 Statutory employee plan	14b <b>cces</b>	12b <b>cces</b>
			14 Other <b>35.10 NY SDI</b>	12c <b>cces</b>	12d <b>cces</b>
f Employee's address and ZIP code		16 State wages, tips, etc. <b>127068.84</b>	17 State income tax <b>8155.63</b>	18 Local wages, tips, etc. <b>127068.84</b>	19 Local income tax <b>4645.14</b>
15 State Employer's state ID number <b>NY 11-3484710</b>					20 Locality name <b>NYC RES</b>

Form **W-2** Wage and Tax Statement  
Copy D—For Employer.

**2005**

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a Control number 000063	4FZ	Void <input type="checkbox"/>	OMB No. 1545-0008 4FZ	300	000063		
b Employer identification number 11-3484710			1 Wages, tips, other compensation 127300.97	2 Federal income tax withheld 25945.91			
c Employer's name, address, and ZIP code MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101			3 Social security wages 87900.00	4 Social security tax withheld 5449.80			
			5 Medicare wages and tips 138550.97	6 Medicare tax withheld 2008.99			
			7 Social security tips	8 Allocated tips			
d Employee's social security number 136-48-1287			9 Advance EIC payment	10 Dependent care benefits			
e Employee's first name and initial DONALD S 200 W 58TH ST #10D NEW YORK NY 10019			11 Nonqualified plans	12a See instructions for box 12 D 11250.00			
			13 Statutory employee <input type="checkbox"/>	Holiday plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b <input type="checkbox"/>	
			14 Other	31.20 NY SDI			
				12c <input type="checkbox"/>		12d <input type="checkbox"/>	
f Employee's address and ZIP code			16 State wages, tips, etc. 127300.97	17 State income tax 7858.72	18 Local wages, tips, etc. 127300.97	19 Local income tax 4143.32	20 Locality name NYC RES
15 State NY	Employer's state ID number 11-3484710						

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**W-2 Wage and Tax Statement**  
Form Copy D—For Employer.

Department of the Treasury—Internal Revenue Service

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a Control number <b>000063</b>	Void <input type="checkbox"/>	OMB No. 1645-0008	<b>4FZ</b>	300	000063	
b Employer identification number (EIN) <b>11-3484710</b>			1 Wages, tips, other compensation <b>233430.03</b>	2 Federal income tax withheld <b>53185.25</b>		
c Employer's name, address, and ZIP code <b>MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101</b>			3 Social security wages <b>90000.00</b>	4 Social security tax withheld <b>5580.00</b>		
			5 Medicare wages and tips <b>244211.28</b>	6 Medicare tax withheld <b>3541.06</b>		
			7 Social security tips	8 Allocated tips		
d Employee's social security number <b>136-48-1287</b>			9 Advance EIC payment	10 Dependent care benefits		
e Employee's first name and initial <b>DONALD S</b> Last name <b>HEIMSTAEDT</b> 200 W 58TH ST #10D NEW YORK NY 10019			11 Nonqualified plans	12a See instructions for box 12 <b>C D 10781.25</b>		
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> <input type="checkbox"/> Third-party sick pay	12b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
			14 Other <b>41.60 NY SDI</b>	12c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
				12d <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
f Employee's address and ZIP code 15 State <b>NY</b>	Employer's state ID number <b>11-3484710</b>	16 State wages, tips, etc. <b>233430.03</b>	17 State income tax <b>15429.19</b>	18 Local wages, tips, etc. <b>233430.03</b>	19 Local income tax <b>7746.11</b>	20 Locality name <b>NYC RES</b>

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